

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018441

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1316

FILED MAY 3 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|-------------------------------|--|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park | | c. CITY OR TOWN Kirkwood | |
| Length of stay in 1b 1 month | | Inside Limits Yes No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Valley Park Nursing Home | | d. STREET ADDRESS (If outside, give location) 502 Edna Ave. | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First IVY Middle HECKLEY Last HECKLEY | | 4. DATE OF DEATH April 19 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/6/83 |
| 9. AGE (last birthday) 79 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | |
| 11. BIRTHPLACE (City and state or country) Bonne Terre, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Thomas Allen | | 13b. MOTHER'S MAIDEN NAME Cora Waller | |
| 14. NAME OF HUSBAND OR WIFE Jewel Beckley (Dec'd) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address Mo. Mrs. Cora Holden, 629 Clements Ct., Kirkwood | |
| 18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) 4 years DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) Generalized Arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 1:41 a.m. p.m. Month, Day, Year April 19, 1963 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 141 P | | 20f. CITY, TOWN, OR LOCATION Kirkwood, Mo. | |
| 21. I attended the deceased from April 19, 1963 to April 19, 1963 and last saw her alive on April 18, 1963 | | 22. SIGNATURE (Degree or title) John B. Bopp, Inc. | |
| 22a. ADDRESS 5500 S. Broadway | | 22c. DATE SIGNED 4-20-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/22/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 23d. LOCATION (City, town, or county) Kirkwood, Mo. | |
| 24. FUNERAL DIRECTOR Louis H. Bopp, Inc., Kirkwood, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-20-63 | |
| 26. REGISTRAR'S SIGNATURE John B. Bopp, Inc. | | | |

Dr. Landus.
USE BLACK INK
OR
TYPEWRITER RIBBON
5500 So. Broadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4512

P. O. Address Richard, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.